



ABCD Final Evaluation Round 1 2022-2023

About you and the project

Please tell us the basic details about your project and the person acting as the main contact

* 1. Name of your organisation? Please provide the name of the organisation running this project.

* 2. Name of the project which received this funding.

What name did you give the specific project receiving this funding?

* 3. Contact name? Please tell us the full name of the person to contact regarding this project

* 4. Contact telephone number? Please provide a telephone number for the main contact for this project.

* 5. Contact email address? Please provide the email address for the main contact on this project.

6. What was your delivery start date?

Please choose a date from the calendar

Date

 

7. What was your delivery end date?

Please choose a date from the calendar

Date

 

* 8. Which Community Partnership Area(s) does your project cover? You may select more than one.

- CP4 - Together for Health
- CP5 - Central 5
- CP6 - Horton and City Health Collaboration
- CP7 - WOW
- CP8/ 2B - Affinity Care
- Craven
- Wharfedale
- I don't know

* 9. Which round of funding was this part of?

In most Community Partnership areas there have been more than one round of funding, please say in which round you received this funding

- Round 1
- Round 2
- Round 3
- Round 4
- I don't know



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Evaluation

Please let us know how you feel the project went, who benefited from your project and what impact it had on people. If you have photos, videos or other media you will be able to include this below.

* 10. How did your project go?

Please write here what you hoped to achieve and how the project went; what went well, what did not go so well, what you would do differently?

11. Here is where you can upload files which support your evaluation. Be as creative as you like, why not use photos, video, include a report from the local media etc.

You can only upload one file here.

Choose File

Choose File

No file chosen

12. Do you have more files to upload?

Yes No



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More files to upload

Here you can upload more files if you wish

13. Do you have more files to upload? You can add another one here.

Choose File

Choose File

No file chosen

14. Do you have more files to upload? You can add another one here.

Choose File

Choose File

No file chosen

15. Do you have more files to upload? You can add another one here.

Choose File

Choose File

No file chosen

16. Do you have more files to upload? You can add another one here.

Choose File

Choose File

No file chosen



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Monitoring information

* 17. How many people did you reach in total? This is the number of people who benefited from your project.

* 18. Please enter the numbers of people against how would they describe their gender. Please only put what people have told you themselves.

If you had no people identifying as one of the genders please put a 0 (zero) in this box

Male

Female

Prefer not to say

* 19. Please enter the numbers of people against their self-reported age ranges. Please only put what people have told you themselves.

If you had no people within some of the age ranges please enter a 0 (zero) in that box

0-10 years

11-18 years

19-30 years

31-50 years

51-65 years

65+ years

* 20. What methods have you used to enable people to tell you the impact of this project on their health and well-being? For example, this might be via a questionnaire, verbally when you are providing support or regular monitoring done by you.

Please tell us here which methods you have used.

* 21. What did people say?

Tell us what people said about how the project has improved or affected their health and wellbeing.

22. Was your project a Test and See/ Pilot Project?

Yes

No



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Tell us about your Pilot Project

23. A Test and See/ Pilot Project aims to answer a number of questions, please tell us about the following:

- What were your aims and objectives - what were you trying to prove?
- Has your pilot proven a need, if yes how and what is this need that is not currently being met?
- Has your pilot indicated a Social Return on Investment (SROI), does it show value for money if scaled up?
- What risks has your pilot identified if you do scale the project up?
- If you feel your pilot has indicated a health need in the community that is not being met, how will you feed this back to the Community Partnership so it may be included in future health priorities?



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Case Study

Please give us a case study showing how your project has benefited a participant. Please ensure there is no identifiable information in your case study and that you get permission from the participant to use them in the study.

* 24. Do you have permission from the subject of the case study?

Yes

No

25.

- What was the reason the participant joined the project, what health and wellbeing issues did they have?
- What are the gaps about what is known or done currently, that is, if there is existing provision in your area that could have helped/ supported them, why did they not engage with that provision?
- Tell us a little about your setting, the community you are based in, common health and wellbeing problems residents face.
- What did you do to support the participant, that is, what activities did they participate in?
- Is this solution innovative/novel in terms of content, format, and/or delivery? If yes, why?
- What has been the benefits for the participant, please use observations, quotes from the case study subject etc to show progression/ improvement in their situation.



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Your spend

Please upload scans or photos of your spend. This should include:

- **Receipts for any resources purchased to support delivery**
- **If you did any printing a simple costing**
- **A breakdown of staff time mapped against project delivery and overall cost**

Please use a simple spreadsheet to show spend that does not have an associated receipt,

- ***Such as staff time.***
- ***You may have used existing resources in your organisation rather than purchasing. If there was a cost to this use of existing resources this should be included.***
- ***Core costs such as desk space', lighting etc***

26. Receipts for any purchases.

Choose File

Choose File

No file chosen

27. Spreadsheet for costs without receipt

Choose File

Choose File

No file chosen



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Finally

* 28. We would like to know how difficult or easy you found using the form?

Please rate the form using the star ratings below on a scale of 1 to 5, with 1 star being very difficult to use and 5 stars being very easy to use. There is also a space to add comments if you wish.

Very difficult to use Quite difficult to use Neither easy nor difficult to use Quite easy to use Very easy to use



Please say more if you wish



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Thank you

Thanks for completing this ABCD evaluation form. Your feedback will help us to tell funders how the grant money was used and the impact it had on local communities.